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IMPROVING PUBLIC POLICY ADVOCACY THROUGH THE EFFECTIVE USE OF DATA

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The focus for most consumers of federal education program services is the end product. Of concern to these consumers – students, teachers, and principals – are the quality of the service, the timeliness of the service delivery, and the relevance of the services to the particular need. To ensure that federal education programs can be effective for children attending private schools, it is critical to be actively involved in the legislative process. This article explores an attempt to change and improve a federal education program for Catholic and other private school participants, highlighting the key role in the lobbying process played by high quality, timely data.

When the federal government first began funding programs for elementary and secondary education in 1965, the goal was to supplement states and localities in areas of acute need. Education for the disadvantaged – known as Title I – was the central focus of the new federal inroad into the elementary and secondary education arena. Over the years, federal education programs have targeted needs such as drug abuse, library materials, technology and telecommunications, innovative programs, programs for gifted and talented students, teacher training and professional development, math and science education, and the broad category of supplementary educational materials. Most of these programs are authorized by the Elementary and Secondary Education Act of 1965, most recently reauthorized as the No Child Left Behind Act of 2001. In most programs authorized by the Elementary and Secondary Education Act, private school students and teachers receive equitable benefits to meet their needs.

One key aspect of elementary and secondary education not covered by the Elementary and Secondary Education Act is the provision of special education and related services. The Individuals With Disabilities Education Act Amendments of 1997, known as IDEA, is a grant program to assist states in providing a “free appropriate public education,” often referred to

as FAPE, in the least restrictive environment for children with disabilities ages 3 through 21. IDEA also authorizes early intervention services for infants and toddlers birth through age 2 and their families, and provides funding for national programs, research, and activities. The funds for the state grant program are awarded to states on the basis of a formula that takes into account the numbers of K-12 public and private school students, K-12 public and private school students living in poverty, and K-12 public and private school students with disabilities.

PRIVATE SCHOOL STUDENTS AND IDEA

IDEA is considered both an education law and a civil rights guarantee. Every child suspected of having a disability must be located, identified, and evaluated by the local public school district. Additionally, the guarantee of a free, appropriate public education ensures that any child found to have a disability will be given an education by the public school district designed to meet his or her unique educational needs. In addition to guaranteeing an appropriate education to every child with a disability, it also attempts to guide school districts in the best way to educate a child with a disability. For example, the law contains requirements for serving children with disabilities in the least restrictive environment, steps to take in disciplining children with disabilities, and the provision of assistance to children with disabilities in the regular classroom. IDEA also has extensive requirements that protect the rights of children with disabilities and provide recourse to parents if they believe their children's rights have been violated. Most of these provisions, however, only apply to children attending public schools – those receiving a free appropriate public education (FAPE).

Children attending private schools who are suspected of having a disability have fewer rights and protections under IDEA. These children must be offered an evaluation by the public school district and, if found to have a disability, must be offered a free, appropriate education through the public schools. To receive a free, appropriate public education the parents of a private school child usually must transfer the child with a disability into the public school system. Many parents of private school children with disabilities, however, prefer to keep the child – regardless of disability – in the private school setting that they have already chosen. If they continue to enroll their child with a disability in the private school, the law assumes the parents have refused the public school district's offer of services constituting a free, appropriate public education. In this case, the public school district no longer has an obligation to the individual child with a disability in the private school, but continues to have an obligation to the group of private school children with disabilities to serve their needs with the federal portion of the funding.

Congress passed the Education for All Handicapped Children Act in 1975. This was the precursor to IDEA. At the time, Congress promised to help defray the cost of compliance by gradually increasing the federal funding to equal 40% of the excess cost of educating children with disabilities. However, even at the signing of the bill in 1975, there was doubt about the ability of the federal government to financially support the requirements. President Gerald R. Ford, when signing the bill into law stated,

Despite my strong support for full educational opportunities for our handicapped children, the funding levels proposed in this bill will simply not be possible if Federal expenditures are to be brought under control and a balanced budget achieved over the next few years. There are other features in the bill which I believe to be objectionable and which should be changed. It contains a vast array of detailed, complex, and costly administrative requirements which would unnecessarily assert Federal control over traditional State and local government functions. It establishes complex requirements under which tax dollars would be used to support administrative paperwork and not educational programs. Unfortunately, these requirements will remain in effect even though the Congress appropriates far less than the amounts contemplated in S. 6. (1975, para. 4-5)

Now, 29 years later, Congress is barely funding 20% of the excess cost of educating children with disabilities, although attempts are being made to continue to increase the federal commitment. Unfortunately, it is only this federal portion of special education funding that pays for IDEA services to private school children with disabilities. Therefore, the funds through which private school children with disabilities receive federal IDEA services are very limited. It is unlikely, therefore, that every child in private schools determined to have a disability will be fully served by federal IDEA funds. It should be noted, however, that some states have state-funded programs that extend additional services to private school children with disabilities.

Those working on public policy issues have heard anecdotally for years that private school children with disabilities were not adequately evaluated, were refused services, were given poor quality services, or had their services disrupted mid-stream through IDEA. Catholic school educators often found the IDEA process so frustrating and yielding so few results that they turned to other ways to have children evaluated and served. With years of stories about the lack of IDEA services, public policy advocates approached members of Congress and their staffs in the hope of making needed changes in IDEA. But all too often, the initial response was, "Why are you concerned with IDEA? You don't even have children with disabilities in your schools." Clearly, policymakers needed education about Catholic schools and services to children with disabilities.

DATA ON CATHOLIC SCHOOL STUDENTS WITH DISABILITIES

The United States Conference of Catholic Bishops (USCCB) determined that accurate data were needed in order to make the case for changes in the law. The first step was to build awareness that Catholic schools serve children with disabilities. To this end, USCCB surveyed every Catholic diocese to ask about services in Catholic schools and religious education programs for children with disabilities. The survey included listing the disabilities currently being served and asking for a description of any special programs being used to serve children with disabilities. The result was the publication of the *Special Needs Resource Directory: Let the Children Come to Me* (USCCB, 2001), which was distributed to all members of Congress as well as to members of the private school and disability communities. The Directory illustrated the extent and breadth of programs and the geographical diversity in offering services. The Directory is currently being updated to reflect changes in program services for children with disabilities in Catholic schools and parish religious education programs. As a result, USCCB had an informational source that answered the critics who incorrectly believed that Catholic schools did not serve children with disabilities.

In using this resource in lobbying efforts, USCCB soon learned that while this was an excellent start, specific data on children with disabilities in Catholic schools and their access to IDEA services were very much needed. It was at this point that USCCB commissioned a study that was conducted by the Center for Educational Partnerships, a not-for-profit organization based in Chicago. The resulting study, *Catholic School Students with Disabilities*, uses data from two Catholic school-based surveys and follow-up phone interviews with school leaders and parents. Local and state education authorities were also contacted. The following primary questions were addressed:

1. To what extent are children diagnosed with disabilities present in Catholic schools?
2. Given the IDEA statute, regulations, and guidance, how does the Child Find process (evaluation to determine a disability) operate for Catholic school children suspected of having a disability?
3. What is the manner and to what extent do Catholic school students with disabilities receive special education and related services? (USCCB, 2002a, p. 8)

A nationally-representative sample of dioceses was selected for this study, with over-sampling of the largest dioceses. The study solicited the

cooperation of the Catholic schools offices of the dioceses selected, who in turn provided contact information for all Catholic schools in their dioceses. The surveys were completed by officials on the individual school level, and follow-up interviews were conducted with school officials and Catholic school parents. Additional phone contacts were made with state and local special education officials to request information on how to get help for a private school child suspected of having a disability. The full study sample consisted of 2,864 schools representing 1,004,886 children. The schools were located within 21 states and 32 dioceses. The first survey was conducted on-line and provided the base for the follow-up survey, which was mailed to participants and was designed to clarify and supplement the initial survey. The dates of the study, from initial contact through receipt of the final survey, were from December 2001 through June 2002. Standard research practices were followed in the coding, data entry, file building, and preparation of cross-tabulations, involving multiple quality assurance steps.

More than 75% of school officials chosen for the study responded to the initial on-line survey. Thirty percent provided 100% useable data. The survey response rate for the Part II follow-up survey was 97.89% of the schools initially surveyed, including those reached through subsequent phone calls for additional clarification.

The findings from the study tell a compelling story about the special education needs of Catholic school children, how Catholic schools have responded to those needs, and the problems parents of Catholic school children with disabilities have in accessing any services through IDEA.

The following are the Key Findings from the study, taken from Fact Sheets prepared for distribution to policymakers (Doyle & Maclean, 2003).

Finding #1: Catholic schools serve special needs children in all disability areas.

Catholic School Students with Disabilities (USCCB, 2002a) found that approximately 7% of children enrolled in Catholic schools are children with disabilities, as compared to 11.4% of children with disabilities enrolled in public schools. Moreover, children in Catholic schools with disabilities are representative of all disability areas.

Table 1

Presence of Children Diagnosed with Disabilities Enrolled in Catholic Schools by Disability Type

Disability	Percentage of children with disabilities in Catholic schools	Percentage of total enrollment in Catholic schools
Mental retardation	1.16	0.08
Hearing impairment or deafness	2.00	0.14
Orthopedic	1.05	0.07
Autism	0.75	0.05
Emotional disturbance	3.03	0.21
Developmentally delayed – aged 3-9 only	3.43	0.23
Speech/language	26.93	1.84
Uncorrected vision impairment including blindness	2.10	0.14
Learning disability	44.71	3.05
Deaf and blind	0.67	0.05
Traumatic brain injury	0.40	0.03
Other health impairments	13.78	0.94

Note: Total does not equal 100 due to rounding of the percentages.

When comparing disability types, Catholic schools enroll a greater percentage of children diagnosed with hearing impairment or deafness, developmental delay, deafness and blindness, traumatic brain injury, and other health impairments than public schools.

Table 2

Presence of Children Diagnosed with Disabilities Enrolled in Catholic Schools and Public Schools by Disability

Disability	Percentage of children with disabilities in Catholic schools	Percentage of children with disabilities in public schools
Mental retardation	1.16	10.81
Hearing impairment or deafness	2.00	1.26
Orthopedic	1.05	1.25
Autism	0.75	1.15
Emotional disturbance	3.03	8.27
Developmentally delayed – aged 3-9 only	3.43	0.34
Speech/language	26.93	19.18
Uncorrected vision impairment including blindness	2.10	0.47
Learning disability	44.71	50.53
Deaf and blind	0.67	0.03
Traumatic brain injury	0.40	0.24
Other health impairments	13.78	4.47

Note: Totals do not equal 100 due to rounding of the percentages.

Finding #2: The Child Find process is inconsistent and difficult to access for parents of children attending Catholic schools and suspected of having a disability.

Catholic School Students with Disabilities (USCCB, 2002a) found that the implementation of the Child Find process for children in Catholic schools is fragmented at best and inhospitable to children with disabilities whose parents enroll them in Catholic schools.

The interpretation of the process for identifying private school children with disabilities depends on the interpretation at the local level and often

deviates from federal law and guidance as well as written state and local education department policies.

Clearly, although Child Find should make an evaluation available to private school children suspected of having a disability, it is poorly administered and often seems designed to exclude parents whose children are not in public schools. As a result, many children suspected of having a disability are not evaluated through the Child Find process.

The inconsistency in the Child Find process calls into question whether or not the data on number and percentage of children with disabilities in Catholic schools is undercounted because of systemic problems with the Child Find process. We cannot know this for certain through the study, but this finding points to undercounting as a potential result of Child Find as it is currently administered for private school children.

Finding #3: Catholic school children are less likely to be diagnosed with a disability by a public school evaluator than through a private evaluator.

The study found that not only is the Child Find process confusing, unwelcoming, and inconsistently administered for children attending Catholic schools and suspected of having a disability, but Catholic school children are less likely to be diagnosed with a disability by a public school evaluation than through a private evaluator.

- Six percent of Catholic school students suspected of having a disability and referred to public school evaluators were denied an evaluation.
- Seventy-two percent of Catholic school students tested through the public schools were diagnosed with a disability.
- Catholic school students, who were denied an evaluation or were evaluated by the public schools and found not to have a disability, were frequently evaluated outside of the public school system. Of these two groups of students, 90% were found to have a disability by a private evaluator.

The percentage of students diagnosed as not having a disability by public school evaluators is higher than the percentage of students diagnosed as not having a disability by private evaluators. Individual cases of preferred tests may be an issue for some schools, but respondents did not indicate a vast difference between the types and frequencies of the tests administered by evaluators. Survey respondents listed the tests most commonly used by public school evaluators and private evaluators. Both lists included the Wechsler Intelligence Scale for Children and the Woodcock-Johnson Psycho-Educational Battery as the two most commonly used tests.

Therefore, variation of tests administered by public and private evaluators does not appear to explain the difference in findings of disabilities.

Finding #4: Catholic school children with disabilities appear to be enrolled in roughly the same proportion by ethnicity as their non-disabled peers.

One issue being examined as Congress looks to re-authorize IDEA is the over-identification of minority children as disabled.

In 1998, approximately 1.5 million minority children were identified as having mental retardation, emotional disturbance, or a specific learning disability. Compared to White children, African American children (in data from 1997) were almost three times more likely to be labeled “mentally retarded” (Civil Rights Project, 2000).

Catholic School Students with Disabilities (USCCB, 2002a) found that Catholic school children with disabilities appear to be enrolled in roughly the same proportion by ethnicity as their non-disabled peers.

Table 3
Ethnicity of Catholic School Children with Disabilities

Ethnicity	Percentage of Catholic school enrollment	Percentage of Catholic school enrollment for children with disabilities
Caucasian	74.4	79
Hispanic	10.9	9
African American	8	8
Asian	3.9	3
Other	2.8	1
Total	100	100

Finding #5: Catholic school students diagnosed as having a disability are not receiving services through IDEA sufficient to adequately address their disability.

Catholic School Students with Disabilities (USCCB, 2002a) found that less than 1% (0.74) of Catholic school children diagnosed with disabilities receives services funded through IDEA.

Because IDEA funds are so limited, they are usually directed to disabilities needing less intervention and a lower level of service. Eighty-eight percent of IDEA services to children with disabilities in Catholic schools are provided to children with speech/language disorders or learning disabilities. Although more than 28% of children in Catholic schools have disabilities in other areas, such as emotional disturbance, autism, and developmental delay, these children receive only 12% of the services.

When breaking down how the cost of special education and related services is paid, the study shows that public funds pay for 50% of the costs. Because parentally-placed private school students are not entitled to special education and related services if they remain in their private school, parents must find a way to pay for the remaining 50% of service costs. The study shows that of the 50% not paid by state, local, or IDEA funds, 68% of the cost is assumed in the cost of regular tuition charged by Catholic schools and 30% is paid by parents in addition to their regular tuition at the Catholic school.

Finding #6: Catholic school teachers, counselors, and administrators utilize innovative strategies for accommodating students with disabilities, even in the absence of IDEA services.

The study found that Catholic school children diagnosed with a disability receive services primarily through resource room/pullout programs and in-classroom accommodations. In fact, 34% of all services provided to disabled students enrolled in Catholic schools are funded through Catholic school tuition.

Preferred seating, test taking accommodations, and individual classroom help were identified as the most common form of delivery type for children receiving services.

Additionally, schools define resources used to serve students with a

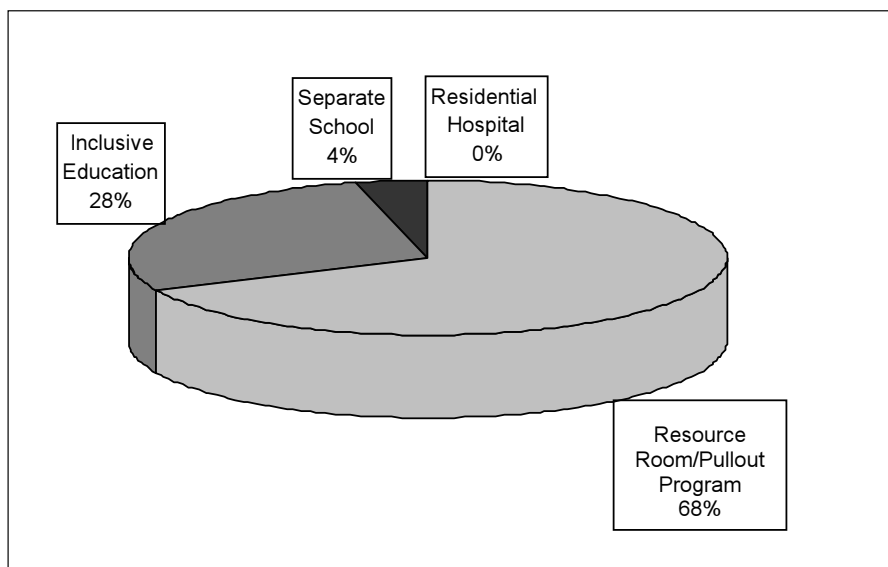


Figure 1. Special needs services for Catholic school students by delivery type

disability to include faculty members offering individual assistance and providing the flexibility required to accommodate special needs in the classroom. Some schools also respond to the needs of the disabled students by providing a highly structured daily schedule, reducing the space in which the student works, and adjusting requirements.

IDEA Legislation

As a result of the findings and the data supporting them, changes have been made in IDEA as passed by the House of Representatives (H.R. 1350, 2003) and Senate Committee on Health, Education, Labor, and Pensions (S. 1248, 2003). The full Senate is expected to take up IDEA reauthorization in 2004.

Many improvements have been added to IDEA to better serve children with disabilities who attend private schools. Both the reauthorization as passed by the House and the version reported by Committee to the full Senate require that federal funding for students with disabilities in private schools be proportionate to the federal funding for public school students with disabilities. Too often in the past, only very limited services were funded for private school children with disabilities. The language also requires a thorough and complete Child Find to identify children with disabilities who attend private schools. Parents found that Child Find – the process of evaluations to determine if the child is a child with a disability – was difficult

to access. The study found that, in 6% of the cases, parents were refused access to the Child Find process for their child (USCCB, 2002a).

The legislation further specifies that the cost of Child Find is separate from the proportionate funding generated by children with disabilities in private schools. For example, some districts would conduct Child Find and then inform parents that there were no funds left for providing services. Finally, in regard to Child Find, the legislation requires consultation between public and private school officials on the process of Child Find. This consultation must include where and when the Child Find will take place and how parents can access it. Hopefully, this will make Child Find more accessible to private school parents.

One very significant change to IDEA by both the House of Representatives and the Senate Committee on Health, Education, Labor, and Pensions is to change the entity that is responsible for Child Find, counting children with disabilities, and serving children with disabilities who attend private schools. The legislation changes the responsibility for the child count, funding, and services from the public school district (known in legislation as the local educational agency or the LEA) *in which the child resides* to the public school district *in which the private school is located*. This change requires that the local public school district in which the private school is located be responsible for providing services to private school children with disabilities, regardless of where the individual children may reside. In the past, a single Catholic school might need to interact with several public school districts. Additionally, districts had no way of knowing which private schools located outside of the district boundaries their residents might be attending. This also made it difficult for districts to provide on-site services for private school children with disabilities because their residents were often attending multiple private schools inside and outside of the public school district. In making this change the Senate Health, Education, Labor, and Pensions Committee noted:

Finally, in an effort to streamline and simplify the provision of services to parentally-placed private school children with disabilities, the bill stipulates that the LEA in which the private school is located is responsible for ensuring equitable services. This stipulation protects LEAs from having to work with private schools located in multiple jurisdictions when students attend private schools across district lines. (S. Rep. No. 108-185, 2003, pp. 15-16)

The House and the Senate bills both require recordkeeping by the local public school districts on the numbers of private school children evaluated, determined to have a disability, and served by IDEA. The reason it was necessary for USCCB to commission a survey was because sufficient data

were not available nationally, making private school children with disabilities an invisible population. Additionally, without regular reporting of data, it is more difficult to monitor program implementation.

Over the years, the Elementary and Secondary Education Act has been modified to further specify the requirements for consultation between public and private school officials. No Child Left Behind improved consultation procedures even further. The result has been more equitable programs and a process of recourse for private school officials if their students are not receiving equitable services. The House IDEA reauthorization bill, to some extent, and the Senate Committee reauthorization bill, to a greater extent, mirror the No Child Left Behind Act requirements. Specifically, the language on consultation between public and private school officials requires that the consultation be ongoing and deal with how, where, and by whom the services will be provided, include a discussion of alternate delivery mechanisms, and determine how funds will be apportioned if they are insufficient to serve all children with disabilities. Procedures in No Child Left Behind have been in place in various forms for more than 30 years. District and private school officials have developed relationships for other federal programs, so extending them to special education makes sense. The House established a complaint procedure for private school officials to appeal to the Secretary of Education, and the Senate extended that procedure to authorize the Secretary to initiate a bypass of the local district if it was either unable or unwilling to provide equitable services to private school children with disabilities.

Both the House and the Senate allow the public school district to provide services through contracting with a third party provider. Many Catholic school leaders look to third party providers as entities that understand the law and have an incentive to provide a high quality program to private school children. Both bills require that the provision of services through a third party contractor be part of the consultation process. The Senate adds an additional requirement that the public school district provide a written explanation to the private school officials if it does not use a third party provider when requested by the private school officials.

The Senate bill gives greater emphasis on the time line between referral for an evaluation and completion of the Child Find process, requiring that private school children be evaluated along the same time line as public school children. Too often, when private school children were evaluated, they were evaluated after the public school children's evaluations were completed. It was often spring, and near the end of the school year, before fall referrals of private school children were completed. As a result, the child suspected of having a disability lost most of a school year, during which appropriate interventions could have been made had a diagnosis

been completed.

In addition, the Senate adds a sign-off by private school officials on the consultation process and requires that the local public school district consider the views of the private school officials before making a final decision on services. The sign-off is the current practice in Improving the Academic Achievement of the Disadvantaged, Title I of the Elementary and Secondary Education Act and is also the practice of several states. Those who have used it report that a sign-off makes the process clear and results in better and more timely services to children.

One final significant change to note is that the Senate requires that services be provided directly to private school children with disabilities, rather than providing an indirect service such as consultative services to the private school teacher. The study found that less than 1% of private school children found to have a disability were provided with direct services under IDEA. This piece of data was very persuasive to policymakers. As a result, the Senate added a requirement that, whenever practicable, IDEA services should be provided directly to the child with a disability. While the House did not specify direct service language in its version, the House report detailed the intent of members of the Committee on Education and the Workforce.

First, the bill clarifies that the proportional amount of money obliged to be used to provide special education and related services to children in the State with disabilities who have been placed by their parents in private schools must be used to provide some direct services. The Committee expects that the majority of the funds expended for this purpose will be for direct services, while the remainder may be used for indirect services such as professional development of private school teachers to work with children with disabilities and counseling to assist private school personnel in meeting the needs of the child with a disability. (H.R. Rep. No. 108-177, 2003, p. 94)

EFFECTIVE USE OF DATA

These changes – which together should begin to change the way private school children with disabilities are treated under IDEA – would not have been possible without good data. And good data are not possible unless Catholic school administrators take time out of their already busy schedules to accurately complete survey forms.

In addition to gathering good data, researchers must find ways and create outlets to make good use of the data. Catholic school administrators may be understandably reluctant to take the time to provide information about their school and students if they do not see a practical use of the data to benefit their schools in a way that justifies the time and effort needed to complete the survey. Useful data can inform an issue, such as what consti-

tutes successful professional development programs or how best to teach at-risk children. Studies can provide basic information about schools and students, allowing the data user to compare and contrast his or her own school community with the larger community. Basic statistical studies provide baseline data to describe the types of schools studied. Studies such as *Catholic School Students with Disabilities* (USCCB, 2002a) can inform the public about Catholic schools and students, and hopefully impact public policy in a positive way.

To ensure that the data from *Catholic School Students with Disabilities* (USCCB, 2002a) got into the hands of policymakers, results were communicated frequently to members of Congress. The chairmen and members of the House Committee on Education and the Workforce and the Senate Committee on Health, Education, Labor, and Pensions received a copy of the study and key findings from it. The study was distributed and results presented in a briefing to staff members of both of these committees. In addition, all members of Congress received a series of six Fact Sheets (Doyle & Maclean, 2003) on the study's findings. These Fact Sheets were also used for a variety of other purposes, as a quick way to focus on the key results of the study.

The results of the study were used extensively with the Administration. White House officials and Department of Education staff were all briefed on the findings. Preliminary results were used in testimony before the President's Commission on Excellence in Special Education (USCCB, 2002c) and in written comments in the form of an IDEA Options paper (USCCB, 2002b) that were submitted in response to a *Federal Register* notice regarding the reauthorization of IDEA.

Periodically, through the process of reauthorization, local Catholic school leaders were sent "Action Alerts" on issues of concern to them. These Action Alerts relied on data from the study to provide Catholic school leaders with the basic knowledge they needed to accurately discuss the issues with their members of Congress and gave local Catholic education leaders the opportunity to add their own experiences with IDEA to the data from the study.

Additionally, other private school organizations coalesced around the data because, although the study looked only at Catholic school students with disabilities, it validated the information received by the other private school organizations – most of it anecdotal – from their school leaders and parents. In turn, these stories personalized the data results on Catholic school students with disabilities and helped policymakers see the data as reflective of a larger community of private school children with disabilities.

In an excellent example of how well-known the results of the study had become, the Secretary of Education, Rod Paige, in writing to members of

the Coalition on Equity in Special Education (a coalition of 13 private school organizations formed around the issue of IDEA reauthorization, of which USCCB and the National Catholic Educational Association are members), stated:

While the Department does not collect statistics on the number of children in private schools who have disabilities, a report published by the U.S. Conference of Catholic Bishops in November 2002 reports that seven percent of children in Catholic schools (which enroll about half of the private school students in the U.S.) have been diagnosed as having disabilities, and these students represent the full range of disability type. The report found that less than one percent of children with disabilities in Catholic schools receive services funded by IDEA, and also identified problems with child find, consultation, and other areas. (R. Paige, personal communication, April 7, 2003)

Finally, *Education Week*, following the passage of the House version of IDEA reauthorization, noted the efforts of the Coalition for Equity in Special Education and wrote that the United States Conference of Catholic Bishops, in a study commissioned in the fall of 2002, learned that “only 1% of students with disabilities at Catholic schools are receiving services paid for under IDEA” (Zehr, 2003, p. 25).

Throughout the course of this effort, additional statistics on Catholic schools and their students were used effectively. Data from the National Center for Education Statistics (2001) were invaluable in establishing benchmarks for enrollment in Catholic schools. Additionally, the data bank maintained by the National Catholic Educational Association (McDonald, 2003) provided vital information on Catholic schools and their students, including tuition data and information about students attending these schools. Without significant participation in data collection, public policy advocacy may not have the tools needed to significantly impact legislation.

CONCLUSION

The work on IDEA is far from over. There are still efforts underway to make further improvements to the language on service to private school students with disabilities prior to Senate passage and the bill being signed into law. Even once IDEA is signed into law, much effort will be needed to ensure that the new language translates into better services for private school children with disabilities. Not least among future efforts is the need to continue to gather data on services to private school children with disabilities to monitor implementation and formulate additional improvements, grounded in good data, for the next reauthorization. Public policy advocacy is a never-ending process of improvement, implementation, and

analysis. Key to this process are timely and reliable data.

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